

MBBS YEAR 5

SSC5C (Elective) Write Up

Gastroenterology in the USA

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**April-May 2012
Word Count: 1184**

OBJECTIVES

1. **Differentiating the main causes of cirrhosis in London vs Salt Lake City. Also difference between the UK and the USA. Understand the reason behind these differences.**

It appears that the main causes of cirrhosis in countries of the western world are actually quite similar. The main causes in the UK and the USA are similar, likewise between Salt Lake City and London. The main difference occurs in comparison to other third world countries. The one factor of great significance in comparing these two cities is the very different population group. In London, there is a very large immigrant population and the patient diversity is much more than Salt Lake City. Therefore, in London one is more likely to see patients suffering from cirrhosis due to Hepatitis B than in Salt Lake City. Hepatitis B is the most common cause worldwide and therefore more is seen in London than Salt Lake City due to diverse population. In Salt Lake City, the most common cause appeared to be alcohol induced cirrhosis. Considering Salt Lake City has a large population of mormons, alcohol still causes a high proportion of liver disease. In the UK, alcohol is the leading cause of cirrhosis. The second most common cause is viral induced hepatitis. In the western world, hepatitis C is the most common cause, whereas worldwide it is hepatitis B.

There are many similarities in the culture of the UK and the USA and this could be a leading factor as to why the common causes of disease are very similar. This could also be why third world countries which adopt different practices and beliefs have a different common aetiology for cirrhosis.

2. **a) Compare and contrast the health system in the USA to the NHS. Discuss advantages and disadvantages of each.**

There appears to be a vast difference in the healthcare system in the USA compared with the UK. While doing my elective in the United States I was able to witness many of these differences first hand. The most notable and influential difference between the two is the way healthcare is paid for. In the UK, the NHS provides healthcare free to all patients due to long term tax contribution to the government. In the US, the system appears to be largely insurance based. Most of the patients that I met during my elective had health insurance documentation available prior to receiving treatment. This insurance is either personal or

contributed by the patient's employer. Also patients in the US have more freedom to choose the physician they wish to be treated by as essentially they are paying for a service. It felt like more of a business in the US.

In addition, there was a lot more emphasis on malpractice insurance. It appears that doctors in the US have to contribute a lot more towards malpractice insurance than in the UK. I met a neurosurgeon who said that she contributed over 200,000 dollars per year towards such insurance and said that many surgeons can be expected to be sued at least once a year. This could happen more often than in the UK because patients in the US can pay for healthcare out of their pocket, whilst in the UK there is more of a perception that it is paid for by the government.

There are advantages and disadvantages to each system. In the US if patients pay for a service, they are more likely to receive their care quicker than in the UK. It's similar to how some consultants see patients faster if they have a private clinic or operating list. Overall this leads to less waiting times. However, in the UK everyone is able to receive care regardless of the cost of treatment. If a patient in the US does not have adequate insurance to cover a procedure, they have to pay for it from their pocket. There are many more issues on this area but space has limited this discussion to very few points.

b) Compare the management of a gastroenterology patient in the UK and the USA.

I noticed that the general principles of management are the same. Similar lifestyle advice, medication, invasive procedures and surgical management are given between the two countries. However, my impression was that more emphasis is given to investigation and radiology for diagnostic purposes in the US in comparison to the UK. In the UK I feel that one spends a lot more time in history taking and examination before being able to justify the need for imaging. In the US, it appears that imaging is almost routinely carried out for all patients.

3. Learn more about the common signs and symptoms patients present with in Gastroenterology. Appreciate the importance of various investigation tools used in the USA and the UK.

I was able to see witness several of the important signs and symptoms relevant to gastroenterology and other fields of medicine during my elective. I had the opportunity to take many histories from patients presenting with various symptoms and also managed to examine them. This allowed me to see a lot of clinical signs that I had already seen during my clinical placements in London. Once again, in general most of the presenting features between the two countries were quite similar. Regardless, I was still able to further improve my skills in history taking and examination.

The investigations used were also quite similar; however I felt that more investigations were used in the USA in comparison to the UK in making a diagnosis. This was also due to the fact that doctors can be forced to be more thorough in ruling out everything as patients are more likely to sue in the USA. I was able to see ultrasounds and colonoscopies being carried out. The set up was very similar to the UK. Similarly, most of the blood tests that were used are ones that I am familiar with. By being on this placement, I was able to further improve my knowledge in how these investigations work and also how to interpret the results.

**4. a) Further enhance and practice communication skills by taking histories from patients in a completely new country with different cultural backgrounds.
b) Explore a career in Gastroenterology.**

I found being in a clinical environment in the USA a pleasant experience. On the whole I was able to speak to many patients without much difficulty in communication or background difference. I suppose this is largely due to the US culture and language not being too different from the UK. Therefore, I suppose I was not able to completely achieve the objective of speaking to patients from a different background as such, but I was able to further improve my communication skills. I was able to take many histories and also present to attending physicians. Furthermore, I listened to several lectures given by senior doctors in the hospital.

This elective gave me the ideal opportunity to experience gastroenterology as a future career. My interests have always been in either general hospital medicine including cardiology, gastroenterology and endocrinology or in general practice. I was able to witness what kind of

patients are commonly seen by a gastroenterologist and also the main procedures carried out. Although most of the physicians that I met were specialists in a particular disease, for example, Dr Tuteja has a special interest in IBS. Although they can still see patients with other gastrointestinal problems, they tend to focus on their particular speciality. It was the fact that I saw a lot of patients presenting with similar problems that I have decided against a career in gastroenterology. Although there is still a large variety, I suppose I would prefer to go into general practice where I could see all kinds of patients presenting with any medical or surgical problem.